LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

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EDITORS.

Correspondence.

"LARGE AND SMALL DOSES OF QUININE."

To the Editors of the Louisville Medical News:

In your issue of September 28th I read a communication from Dr. William Spear, of Monroe County, Ga., under the above head, and I desire to say that my experience and observation lead me to dissent from some of the main points therein set forth. I have been engaged in the treatment of malarial diseases during the past thirteen years, in which time I may safely assert that I have treated, on an average, yearly, not less than two hundred cases of ordinary intermittent and remittent fevers; also many cases of pernicious or congestive fever, together with numerous other cases of diseases that may fairly be ascribed to the effects of marsh miasma or malarial poison, including some forms of skin affections, disentery, diarrhea, erysipelas, ophthalmia, neuralgia, periodical headache, hysteria, etc.

A number of years ago I was in the habit of giving preparatory treatment, and of prescribing quinine in *economical* doses, but the results that I witnessed, in not a few instances, led me to forever abandon the practice, and to resort at once to means that were almost infallible in their action, means that *surely* arrested the disease and saved the patient from any risk of a return of that disorder which might have come with redoubled energy, laid hold of his vitals, and destroyed life. Fifteen or twenty grains of quinine will probably arrest a majority of the milder cases of intermittent and remittent fevers, but in many instances I have known this quantity to fail; and, returning, the paroxysms assumed the pernicious type and quickly overwhelmed the patient. It may be safely predicted that in a certain proportion of cases the disease, coming on as a simple intermittent, returns on its next periodical round with all the malignancy that characterizes the algid variety. Then, with these truths before us, is it not trifling with the lives of our patients if we fail to utilize an agent which we know is *sure* in its protective power if administered in *full* doses? It is always necessary to give the remedy in sufficient quantity to produce cinchonism, for short of this effect there is *absolutely no* safety. The unpleasant effects, such as tinitus aurium, nervousness, etc., are of short duration, and will be quietly borne in almost all cases, when the physician tells his patient that immunity is alone purchased in this way. Disgust for a medicine will not preclude its use when it is conclusively shown that the effects complained of are transitory, and that complete security is thereby obtained. Human life though sometimes burdensome is nevertheless sweet, and few indeed will be found who would not rather submit to temporary ills than risk a flight to "ills they know not of."

In the ordinary forms of intermittent fever I usually prescribe from twenty-five to fifty grains of the sulphate of quinine or from thirty-five to sixty grains of the sulphate of cinchonidia to be divided into from four to eight doses and taken from two to three hours apart, according to the demands in each particular case. If but a few hours intervene between the time I see the patient

and the expected attack, I do not hesitate to give the desired quantity in one or two doses, as it is my aim in *every* instance to prevent another paroxysm. In the pernicious form of the fever, the above quantities of the quinine or cinchonidia may be increased according to the indications in each individual case. The proper time to begin the remedy in mild attacks is immediately after the subsidence of the fever; but where there is a malignant tendency the administration of the medicine should commence during the pyrexia, in order to insure the patient against a second attack. Every one who has had much experience in the treatment of the pernicious variety of the fever is aware of the treacherous nature of that form of the disease, sometimes lapsing at once from an imperfectly-formed hot stage into another chill. Hence it must be obvious to all that delay at such times is fraught with much danger. I agree that in some instances it is best to combine a small portion of opium or morphine with the quinine. It induces a tolerance for the remedy which we could not otherwise get.

In conclusion, I wish to say a few words about *preparatory treatment.* I believe that the old theory of "arousing the liver," "cleansing the stomach," etc., as preparatory steps in the treatment of malarial diseases has resulted in the untimely death of thousands. The salts of cinchona bark are the only reliable antidotes to malarial poison, with which we are acquainted, and the earlier we begin their use in every case, the earlier will we neutralize that poison and cure our patients. The only preparation needed is to get the stomach in a condition to retain the quinine, and this is quickest done by the administration of a full dose of morphine, either by the mouth or hypodermically. In a large majority of cases, when cinchonism is realized, the liver, kidneys, and other organs at once resume their normal functions, which had been partially suspended as a result *alone* of the action of the poison on the nervous system. The cause having been removed, the effect necessarily ceases, and every part of the body returns to a healthful performance of the office assigned it in the animal economy.

ROSEVILLE, ARK. T. D. NICHOLS, M. D.

To the Editors of the Louisville Medical News:

Syrup iodide iron that has become oxidized by exposure or age (which is known by its change from green to a yellowish red), due to the liberation of free iodine, can readily be made to assume its proper color by heating the syrup gently with fine iron wire free from oxide (rust).

L. MYERS CONNOR,
DALLAS, TEXAS. *City Chemist.*

Miscellany.

ABSTRACT OF SANITARY REPORTS RECEIVED DURING THE PAST WEEK UNDER THE NATIONAL QUARANTINE ACT:

OFFICE SURGEON-GENERAL, U. S. M. H. S.,
WASHINGTON, November 16, 1878.

New Orleans. For the week ended yesterday evening there were eleven deaths from *yellow fever.* It is impossible to procure accurate number of new cases. No new cases or deaths for past twenty-four hours.

Clinton, La. The first case of *yellow fever* occurred September 7th. Among the white population there have been forty cases and fifteen deaths; among the colored people fifty-six cases and no deaths.

Morgan City, La. Twelve new cases of *yellow fever* and one death during the last week.

Delphi, La. The first case of *yellow fever* occurred in August. Total cases to date, one hundred; deaths, fifty. Both physicians died early.

Mobile, Ala. There were twenty-one new cases of *yellow fever* during the past week and eight deaths.

Pass Christian, Miss. Three new cases of *yellow fever* during the last week; no deaths. The last case occurred on the 10th, and the last death the 3d inst.

Vicksburg, Miss. There were four new cases of *yellow fever* and three deaths during the past week. For the same period there were eight cases and two deaths in the surrounding country.

Chattanooga, Tenn. Two new cases of *yellow fever* and two deaths during the past week. The last case and last death occurred on the 10th inst., both colored.

Osyka, Miss. The first case of *yellow fever* occurred 31st of July. Total number of cases to date, two hundred and twenty-seven; total deaths, thirty.

Moscow, Miss. Population, one hundred and eighty-five. First case of *yellow fever* occurred August 30th; last case, November 3d. Total cases, seventy-one; deaths, thirty-five.

McComb, Miss. First case of *yellow fever* September 28th. Total deaths to date, twenty-one.

Lake, Miss. To November 1st there had been three hundred cases *yellow fever* and eighty-six deaths.

Canton, Miss. Total cases of *yellow fever* to November 1st, nine hundred and nineteen; deaths, one hundred and seventy-six.

Port Gibson, Miss. To November 5th, there were six hundred and fifty-five cases of *yellow fever* and one hundred and sixteen deaths.

Havana, Cuba. Sixteen deaths from *yellow fever* and none from *small-pox* for the week ended November 9th.

Baltimore, Md. For the week ended November 9th the average annual rate of mortality in one thousand of the population. based on the weekly mortality, was 14.3. The deaths include six from *diphtheria*, five from *enteric*, and three from *scarlet fever*.

Boston, Mass. The average annual rate of mortality for the week ended November 9th was 17.5 per one thousand. There were sixteen cases *scarlet fever* and three deaths; sixteen cases of *diphtheria* and eight deaths.

Burlington, Vt. For the month ended October 25th the average annual rate of mortality was 7.5. There were no deaths from preventable diseases.

Brooklyn, N. Y. For the two weeks ended November 9th there were five cases of *enteric fever* and two deaths, forty-one cases of *scarlet fever* and two deaths, eighty-one cases of *diphtheria* and thirty-six deaths.

Charleston, S. C. For the week ended November 9th there were twenty-five deaths from all causes, including two from *enteric fever* and one from *diphtheria*.

Chicago, Ill. Average annual death rate 14.7 for the week ended November 2d. There were thirteen deaths from *diphtheria*, four from *scarlet fever*, and seven from *enteric fever*.

Cleveland, Ohio. In the week ended November 9th there were forty-five cases of *diphtheria* and twenty deaths, two deaths from *enteric fever*, and four cases of *scarlet fever*, no deaths.

Lansing, Mich. The deaths for October show an annual death-rate of 7. in one thousand population, no deaths from preventable diseases.

New Haven, Conn. For the week ended October 9th there were twenty-two deaths from all causes including two from *diphtheria*.

New York City. The average annual mortality rate for the week ended October 26th was 21.4 per thousand. The deaths include eleven from *scarlet fever* and eighteen from *diphtheria*.

Philadelphia. For week ended November 9th the rate of mortality was 16.3. Deaths include ten from *diphtheria*, seven from *scarlet*, and nine from *enteric fever*.

Richmond, Va. The average annual rate of mortality was 15.79 for the week ended November 9th. The deaths include two from *scarlet fever* and one from *diphtheria*.

Rochester, N. Y. For the month of October the average annual rate of mortality was 12.16 per thousand. There were two deaths from *diphtheria* and one from *scarlet fever*.

Toledo, Ohio. During the month of October there were three deaths from *diphtheria* and three from *scarlet fever*. The average annual death-rate, 13.68 for all deaths.

Milwaukee, Wis. For three weeks ended November 9th there were sixty-one cases of *diphtheria* and fourteen deaths; fourteen cases of *scarlet fever* and no deaths. There were three deaths from *typhus* and three from *enteric fever.*

Rio de Janeiro. For the two weeks ended October 12th there were two hundred and twenty-seven deaths from *small-pox*, three from *typhus fever*, ten from *enteric fever*, four from *yellow fever*, and eighteen reported from "*pernicious fever.*" The deaths from all causes show an average death-rate of 43.5.

Great Britain. In twenty large cities and towns of England, having a population of seven millions, the deaths for week ended October 26th show an annual rate of mortality of 21.6 per thousand of the population. Deaths include five from *small-pox*, one hundred and eighty-seven from *scarlet fever*, and seventy-one from other *fevers.* In Dublin, for the same week, the mortality rate was 23.5. There were five deaths from *small-pox* and eight from *scarlet fever.* In Belfast, for the week ended October 31st, there were nine cases of *scarlet fever* and one death; three cases of *enteric fever*, but no deaths.

Stockholm, Sweden. For the week ended October 12th the total mortality shows an average annual rate of 17.3. *Enteritis* and *diarrhea* caused one fifth of the deaths.

Christiania, Norway. For the week ended October 19th there were three deaths from *diphtheria* and one from *scarlet fever.* The average annual rate of mortality was 13.8 in one thousand of the population.

German Empire. During the week ended October 19th there were 5,475 births and 3,480 deaths in one hundred and forty-nine cities and towns of fifteen thousand people and upward, having an aggregate population of 7,439,708. The average annual death-rate per thousand of the population was 24.3; the lowest being 11.5, at Potsdam; the highest, 37.9, at Augsburg. In Berlin the death-rate was 27. The total deaths include one hundred and thirteen from *scarlet fever*, one hundred and sixty-nine from *diphtheria* and *croup*, and seventy from *enteric fever.* No deaths from *small-pox* or *typhus fever.*

The *rinderpest* is reported to be decreasing in some of the provinces of Turkey.

China. Advices from Shanghai to October 1st report only sporadic cases of *Asiatic cholera* at that port. *Cholera* first appeared in China in 1820, having been brought by sea from Siam, and has proved very malignant at times, although at no time ravishing an extensive region of country. Sporadic cases occur at Shanghai in the summer and autumn of almost every year. All persons visiting China and Japan are advised to be revaccinated before going. The universal practice of inoculation with *small-pox* virus, which obtains in those countries, accounts for the frequent deaths among foreigners from *small-pox.* Inoculation does not always protect from subsequent attack. *Diphtheria* is not common in Shanghai. It is restricted almost wholly to higher latitudes of the Empire. *Yellow fever* is unknown in eastern China. *Typhus fever* often prevails, but generally over restricted areas. *Leprosy* prevails to some extent in the province of Canton, which furnishes nearly all the Chinese emigrants to the United States. The disease was introduced into the Sandwich Islands from China. The island and port of Singapore are reported free from all epidemic or infectious diseases — advises to September 27th.

JOHN M. WOODWORTH,
Surgeon-general U. S. Marine Hospital Service.

DANGERS OF MEDICINE.—British Medical Journal: The perils incident to the profession of medicine are well exemplified in the annual report for 1877 of Mr. F. Vacher, Medical Officer of Health for Birkenhead. Of the two resident surgeons at the borough hospital at that place, one caught small-pox from the out-patients in June; the other—a young man of great promise, only twenty-three years of age—died in November at his post, after only a week's illness, from typhus contracted from one of the in-patients at the hospital.

QUARANTINE.—At the regular monthly meeting of the Medical Society of South Carolina, held September 2d, the following resolutions, offered by Dr. R. A. Kinloch, were adopted and ordered to be published:

Resolved, That we witness with surprise and mortification the attempt on the part of the citizens of many sections of our country to institute a futile and oppressive system of *land quarantine* against yellow fever.

2. That this system—originating, as we believe, with a panic-stricken people, and supported by the teachings of theorists—is inconsistent with the most generally-received views as to the origin and propagation of the disease in question, and opposed to the humanity of a civilized age.

3. That we respectfully urge upon the profession throughout the length and breadth of our land the necessity of opposing this false and inhuman doctrine by every means in their power, even, if necessary, by an earnest appeal for legislative enactments on the subject.

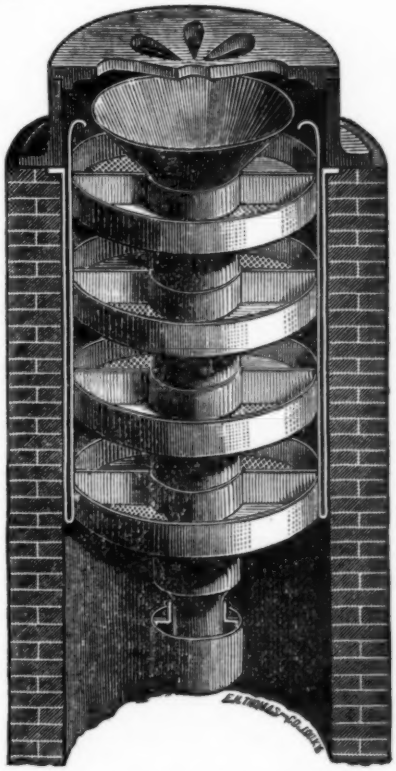
4. That we respectfully but most urgently advise our fellow-citizens of those localities where the invasion of the disease may seem imminent to expend all their efforts rather in the removal of those causes which, in accordance with the well-established facts of modern science, are *known to be potent in localizing epidemic disease.*

5. That we extend our most heartfelt sympathy to our fellow citizens who are now feeling the dire effects of the illegal and inhuman enactments referred to, and pledge ourselves to do what we can in our own state to aid in their present deliverance and to provide for their future security.

SANITARY IMPROVEMENT IN SEWERAGE.—The epidemics raging throughout the country have turned the attention of engineers and sanitarians to the unhealthy condition of large cities resulting from defective systems of sewerage. The mortality of all cities is largely due to the poisonous gases generated in covered sewers, which, having no other means of escape, come into the houses through the drain-pipes. In most instances the mouth of the sewer is submerged beneath the surface of water and the catch-basins along the streets are provided with a strong water-trap, thus closing every avenue of escape for the gas, except that leading into houses through the drains to the sewer. This brings the poison and germs of disease into the very rooms in which we sleep, and this explains the numerous cases of diphtheria and malarial diseases that, contrary to theory, are found in the elevated rooms of hotels.

Innumerable valves and mechanical devices have been tried, but with no satisfactory results.

We give below a cut and description of a ventilator invented by Mr. T. W. Todd, of this city, which is designed to give ventilation to the sewer and purify the gas as it escapes.



The device consists of several wire-screen trays (similar in construction to the ordinary flour-sifter used in every kitchen) framed one above the other six inches apart, and are filled, each alternate tray, with charcoal, and charcoal saturated with carbolic acid. The first acts as an absorbent, and the second as a disinfecting agent. The ventilator is placed in the mouth of each manhole to the

sewer which is in the center of the street, and is covered by a perforated iron plate. Just beneath this plate is a funnel-shaped pipe (that extends down through the center of the trays, terminating in a water-trap), which serves as a conduit for the water and dust that falls through the perforated plate. The water-trap prevents the gas from escaping through this pipe and forces it to pass through the charcoal. The apparatus may be easily lifted out when it is necessary to descend into the manhole. It is intended to be used in connection with the drains leading to sewers and dry wells from dwelling-houses. A number of practical men, engineers and physicians, who have examined it, commend it for simplicity, cheapness, and efficiency. It is apparently a great sanitary improvement, and its adoption would vastly improve our now defective system of sewage. The slight expense should not be considered in a matter of such public moment.

THE TRI-STATE MEDICAL SOCIETY.—This organization, lately in session at Springfield, Illinois, seems to have accomplished an unusual and most commendable amount of work. Some of the best men in the profession from the states composing the association—Kentucky, Indiana, and Illinois—were present. Many excellent papers were read and discussed. The meeting was a decided success. The President elect is Dr. J. N. Ireland, of Louisville, and all who know this learned and amiable gentleman will heartily approve the selection. Among those who read papers was Mrs. Dr. Sarah Hackett Stevenson. The "Education of the Senses" was the lady's theme. The society's next meeting will be at Evansville, Ind., on the first Tuesday in November, 1879.

THE PRIME OF LIFE.—Between the ages of forty-five and sixty years a man who has properly regulated himself may be considered in the prime of life. His matured strength of constitution renders him almost impervious to an attack of disease, and experience has given soundness to his judgment. His mind is resolute, firm, and equal; all his functions are in the highest order; he assumes mastery over his business; builds up a competence on the foundation he has laid in early manhood, and passes through a period of life attended by many gratifications. Having gone a year or two beyond sixty, he arrives at a stand-still. But athwart this is the viaduct called the turn of life, which, if crossed in safety, leads to the valley of "old age," round which the river winds, and then beyond, without boat or causeway, to effect his passage. The bridge is, however, constructed of fragile material, and it depends how it is trodden whether it bend or break. Gout and apoplexy are also in the vicinity to waylay the traveler, and thrust him from the pass; but let him gird up his loins and provide himself with a fitter staff, and he may trudge on in safety and with perfect composure. To quit metaphor, "the turn of life" is a turn either into a prolonged walk or into the grave. The system and powers having reached the utmost expansion, now begin either to close like a flower at sunset or break down at once. One injudicious stimulant, a single fatal excitement, may force it beyond its strength, while a careful supply of props and the withdrawal of all that tends to force a plant will sustain it in beauty and vigor until night has entirely set in.—*The Sanitarian.*

DARTON'S NEW IMPROVED CLINICAL THERMOMETER.—London Lancet: We can recommend this thermometer as the most successful attempt that we know of to produce a self-registering thermometer that does not get out of order. Instead of the ordinary constriction in the tube, just above the bulb, the glass is pushed in and forms a knife-edge, cutting off the murcurial column as it rises, and thus making the column itself form its own index. This index, being so much longer than the ordinary one, is more easily seen. After reading it off, the column can easily be shaken down, as in an ordinary thermometer.

ELECTRIC LIGHT.—London Lancet: The world is waiting with very natural impatience for Mr. Edison's invention, which we are assured is to revolutionize lighting, warming, and cooking at a touch. The form in which his preliminary notice has been presented — the somewhat theatrical *avant courrier* which he has dispatched— is not calculated to inspire blind confidence; but, on the other hand, his brilliant successes in acoustics, and his known skill and energy, forbid total unbelief, and compel us for the present to suspend our judgment.

The problem to be solved may be simply stated as follows: It is admitted that the light of the electric arc is whiter than any other, that it avoids pernicious products of combination, and that, light for light, it is cheaper than coal-gas. Every property of solar is possessed by electric light, and the latter even may be made to compete in intensity with the former. Its power of penetration is enormous, and for certain purposes, such as the illumination of light-houses, men-of-war, and public places and buildings, its suitability is denied by none. But, on the other hand, the disadvantages of the light, as now applied, are equally evident. It is at once dazzling and unsteady; it blinds one moment, and is gone the next. It requires a complex and expensive machine at every light — a machine liable to derangement and useless if deranged; and, if the lights are arranged in a circuit, the interruption of one involves the interruption of all.

These defects are due, firstly, to the fact that the light is only obtained in full brilliancy between carbon points, which must be kept at a fixed distance apart, although the points themselves are constantly varying in length; and, secondly, to the difficulty—or rather, at present, the impossibility—of obtaining diffused light from so small and so intensely brilliant a center. Various contrivances have been adopted to overcome the first of these objections, but none hitherto has been perfect, because it is only when the current begins to slacken, and the light thereby to fall off, that the compensating machinery can act. For a similar reason, all attempts to subdivide the light, so that a single current should yield light, as gas does, at many distant points, have hitherto met with very imperfect success. It is hard enough to keep the light constant at one point, but to keep it constant simultaneously at many points, when a failure at one would induce total darkness at all, is at present impossible. When it is added that the electrical resistance at every light is very great, and that the "lighting of the gas" in any one house would suddenly introduce a great additional resistance into the circuit, the difficulties of the problem will be appreciated.

These, then, are some of the difficulties which Mr. Edison professes to have overcome. It is useless to speculate when the facts will so soon be revealed. It is of course possible that the ingenious American may, to use the words of a scientific contemporary, have "turned the flank of the difficulty," by avoiding the use of carbon altogether, although even then it is hard to understand how uniform light, at a constantly varying number of centers, can be obtained. We by no means deny the possibility, but simply leave it to time and Mr. Edison to prove it.

One consideration of especial interest for our readers remains — namely, the effect, good or evil, of intense light on the organs of vision. A very interesting discussion of this question will be found in M. Proust's "Traité d'Hygiène Publique et Privée," recently reviewed in these columns.

CAMPHOR, monobromated, is still in demand less in Germany than in Holland or Russia. Gehe & Co. make the interesting statement that when the use or sale of any new remedy has ceased in Russia, it may be considered as being discarded for good.

IRON PREPARATIONS.—New Remedies: Dialyzed and saccharated iron have almost superseded reduced iron in medicine.

PRECAUTIONS AGAINST THE INTRODUCTION OF YELLOW FEVER INTO IRELAND.—Medical Times and Gazette: A circular letter on this subject has been addressed by the Local Government Board for Ireland to certain of the various sanitary authorities in that country. After stating the arrangements recognized, and the provisions made by the Public Health (Ireland) Act, 1878, for the prevention of the spread of infectious diseases, the letter goes on to say: "As stated in the Local Government Board's circular of September 11, 1873, the object is not only to prevent the introduction of dangerous infectious disease, and its spread when introduced, but to provide promptly and humanely for the treatment of patients arriving in ships. For this purpose, the cordon of port nuisance districts, which encircles all the coast of Ireland, appears well designed, for in every case there is at the command of the port nuisance authority a well-ordered hospital for the reception of cases of contagious disease, situate at the work-house of the union. In harbors so frequented as Dublin, Belfast, Cork, Limerick, Waterford, and Londonderry, there are, or ought to be, available against the introduction of any formidable epidemic special hospital, called intercepting hospitals, for the reception of patients from ships arriving infected with dangerous contagious disease, of whatever character it may be. In 1873, when the port nuisance districts were prescribed, the threatened invasion was that of cholera; but although the cholera has not since arrived, intercepting hospitals, wherever they were provided, were equally available against the importation of small-pox and every kind of fever. The present subject of alarm is the yellow fever, which has prevailed so severely in some of the southern districts of the United States, and is lately reported as having broken out at New Orleans. It may not reach any part of Europe, but the Local Government Board take this opportunity of reminding the port nuisance authorities round Ireland, that should such danger from those sources threaten any part of the coast, the responsibility of protecting her Majesty's subjects in Ireland from so serious a disaster will rest with these authorities, and that every preparation should be made to meet the possible contingency.

PANICS IN PUBLIC ASSEMBLIES.—London Lancet: Presence of mind is an attribute not to be secured except by the training of a well-constituted organism. Face to face with imminent peril, real or imaginary, resolutions of self-control are cast to the wind, and nothing but habit—the habit of instant thought or of discipline—will serve to preserve composure. This is why occurrences so terrible as those which have recently been reported in the newspapers seem unpreventable. It is useless to argue, because the judgment of the majority is fully convinced of the folly crowds again and again commit. The panic that runs through a multitude is to the mass of minds irresistible, and nothing short of coercion can control the conduct of a crowd when scared. That being the fact, it is incumbent upon the guardians of the public safety to institute such precautions against the danger of a stampede as shall be effectual in the greatest emergency. There is something almost comic in the reliance on "additional" modes of exit to be used in cases of urgency. Apart from the fact that extraordinary machinery of any kind is seldom in working-order when suddenly wanted, there is the circumstance that crowds have an uncontrollable tendency to hold together in a panic, and are almost certain to seek the same mode of exit in a moment of danger. If the Lord Chamberlain or some other authority would only enforce the plain rule that every large assembly shall be completely divided into small departments with wholly distinct and spacious ways of egress, the occurrence of these calamities would be impossible. For example, the stalls of a theater should be entered and left by side openings opposite the extremities of *each* row of seats, instead of being approached and vacated by small doors half way down to the stage, as in

nearly every theater in use in this country. An arched screen with curtains instead of doors opposite each end of the stalls should divide this part of the house from a capacious corridor with free exit to the street. The pit should be entered and emptied by the same construction, and the like principle applied to the dress-circle and boxes, upper and lower. We strongly urge the reconsideration of the construction of theaters and places of public assembly generally. The question was not adequately investigated by the fire committee or any other court of inquiry which has been instituted, and there is much to be urged by way of suggestion and remonstrance.

A VERY accurate and learned observer of social progress, Mr. Lecky, has, in his recent volume on the History of England in the Eighteenth Century, the following pregnant observation: "Hardly any other of the great branches of human knowledge is at present so backward, so tentative and empirical, as medicine; and there is not much doubt that the law of supply and demand is the main cause of the defect. Almost all the fine intellects which are devoted to this subject are turned away from independent investigations to the lucrative paths of professional practice; their time is engrossed with cases most of which could be treated just as well by men of inferior capacity, and they do little or nothing to enlarge the bounds of our knowledge."

A NEW NERVE.—The Doctor: In a communication to the French Academy, Cyon claims that the eighth pair of cerebral nerves contain two nerves of entirely distinct senses—the auditory and the nerve of space (Raumnerf). He considers the latter the source of all our ideas of extension, and of the three dimensions of space.

A CASE of hydatids of the right lung simulating pneumothorax is reported by W. H. Broadbent, Physician to St. Mary's Hospital, in London Lancet of October 26th.

A HUGE VESICAL CALCULUS.—London Lancet: Dr. Brown, of Barnsbury, brought to the first meeting of the Islington Medical Society, on the 22d of October, a human bladder containing three stones, weighing in all one pound and a quarter, less twenty grains. The largest stone weighed three-quarters of a pound, less twenty grains; the next half a pound, less forty grains; the third, forty grains. The bladder is thickened and its mucous coat is ulcerated. There had been indications of stone for twenty-five years, and the patient was sounded at that time by two provincial surgeons. Shortly before his death he was again sounded by a London surgeon, who wished to operate; but the patient would not consent, and soon died. The sufferings of the patient were most severe, amounting often to torture, for which he was in the habit of taking a mixture of gin and beer. His death was preceded by dry tongue, pain in the region of the right kidney, twitchings, tympanites, and drowsiness, which passed into coma. The urine during this period contained large quantities of blood and pus. The stones are smooth and of phosphatic composition. The surgeon who wished to operate is probably to be congratulated on the resistance of the patient. The specimen will shortly be given to the Royal College of Surgeons.

LOCUSTS AS HUMAN FOOD.—Med. Times and Gazette: In Tunis, last year, when a drought, followed by a visitation of locusts, caused the utter failure of the olive and grain crops on the coast, and produced something like a famine, the principal diet of the Arabs, says Vice-consul Dupuis in his trade report on Susa, consisted often of bread made with barley meal, mixed with oil cake, preserved locusts, and prickly pears. Locusts were collected during the night from the trees on which they settled and bore down with their weight, and were carried to the villages, where they were boiled in brine, and after being dried in the sun, were sold openly in the markets, and eaten as shrimps are in England.

MR. LISTER, who held the office of Surgeon to the Queen in Scotland, necessarily vacated it on obeying the summons to take up the mantle of the late Sir William Fergusson at King's College. He is this week gazetted Surgeon-extraordinary to Her Majesty, the vacancy having occurred by the death of Mr. Hilton.—*British Med. Jour.*

CARL WARBURG.—Surgeon-general Maclean, M. D., in a letter to the London Times, states that Dr. Carl Warburg, a formula for whose tincture, used so successfully in the treatment of malarial fevers, appeared in a recent number of New Remedies, is now living in poverty in England; the fortune made by him from the manufacture and sale of his remedy having been lost, and his action in making the formula public having resulted to his personal disadvantage.

QUININE.—New Remedies: Without entering into details as to the reasons, probably well known to our readers, for the fluctuations in the price of quinine during the last year, we will only mention that Gehe & Co. prognosticate a rise of the price to about that existing during July last.

Selections.

Ignored Syphilis.—Dr. Fournier, in a lecture delivered at the St. Louis Hospital (Gaz. des Hop.), observed that the great frequency of cases of *syphilis ignoré*, and the practical importance of its study, induced him to bring it before his class.

A patient presents himself with what, after careful examination, appears to be a syphilitic affection, but on interrogating him, and cross-questioning him in every way, he stoutly denies ever having the pox. Still, confident in the objective signs observed, specific remedies are administered, and in a few days the lesion, which had been menacing, and even progressing rapidly, is almost cured. The result renders the accuracy of the diagnosis certain. The patient has had syphilis without knowing it, furnishing an example of *syphilis ignoré*. At first sight this appellation seems contrary to common sense, for so complex a disease, characterized by such multiple symptoms, can scarcely be supposed to pursue its course unperceived. And yet not only may this be so, but it frequently is so. In fact the profession has ceased to take the denial of the patients into account, and treats their cases solely from the aspect they present. At the St. Louis *syphilis ignoré* is of such constant occurrence that during five months of the present year, in Dr. Fournier's service alone, there have been twenty-eight persons the subjects of syphilis without being aware of it, and that when only counting tertiary syphilides and the most obvious cases. As is always the case there, the treatment has confirmed the diagnosis.

These cases are much more commonly met with among the common people than in the well-to-do classes, which is but a natural result of the differences in situation, education, and the care taken of the person. The aristocracy and mercantile classes are pretty well informed on the matter of syphilis by means of reading and conversation, and even by the advertisements in the newspapers. They keep a sharp look-out, and on the slightest alarm have the time and money to get themselves at once treated. It is quite different with the lower classes, whom the absence of education, carelessness, indigence, and their daily toil, expose much more easily to the occurrence of *syphilis ignoré*. It is also incomparably more frequent in women. A man is much more conversant with syphilis; he knows from his youth that this is his enemy, and he is often acquainted with it before exposed to its dangers, "were it only by the classic visit to the Musée Dupuytren, which some fathers of families consider it a duty to make their sons pay on quitting school." Thus forewarned, men have much less chance of failing to recognize syphilis. But women live in complete ignorance of these things, to which they are utter strangers. How many honest women there are, and even mothers of families, who do not even suspect the existence of this disease! But this very ignorance, if they become the subjects of it, expose them all the more to a non-recognition of their enemy. Of the twenty-eight cases above alluded to, twenty-two were women and six men.

Thus syphilis may remain ignored, and this may be explained by numerous reasons, the principal of which are:

1. That a certain number of cases of syphilis fail to be recognized because they have a non-venereal origin. In the eyes of most people the idea of syphilis is necessarily connected with an impure sexual intercourse; and when the disease is in any other part than the genitals, it is firmly believed to be due to something else. Little notice is taken of it, and it is allowed to run on until serious tertiary symptoms enforce the diagnosis. There are, in fact, many causes of non-venereal origin of syphilis, as contact with syphilitic children; domestic contagion, from

the use of a pipe, spoon, etc.; professional contagion, as with doctors and midwives; contagion by surgical instruments or by certain operations, such as eustachian catheterism, the use of the bistoury, the speculum, serre-fins, etc.; contagion by vaccinnation, etc. Any of these forms of syphilis may remain ignored, even by those whose very occupations ought to prevent their overlooking them. "In fact, doctors and midwives are often surprised in this manner. I knew a midwife who had a syphilide on her finger without being aware of its nature; and one of my fellow-students, now a very distinguished physician, had on his finger a well-characterized syphilitic lesion for more than six months, which he regarded as an anatomical tubercle. If practitioners allow themselves to be deceived in this way, how much more are people of the world liable to overlook an attack of syphilis!"

2. Syphilis may remain ignored because its symptoms have been overlooked or its nature has not been demonstrated. The symptoms of syphilis, in fact, are not always so evident or special even that the practitioner can pronounce at once upon them. A well-marked case of syphilis, with chancre, bubo, roseola, alopecia, cephalalgia, articular pains, iritis, etc., may still be mistaken for another affection. The chancre, especially if superficial, may be overlooked or mistaken for some trifling hurt, even in men, and especially in women when it is placed on the cervix uteri. Bubo, in its nature indolent, is generally ignored; and the syphilides, being unattended with pruritus, do not give rise to pain or itching. Roseola is almost always overlooked by the patient until it has been pointed out to him; and so on with the various other symptoms, which, when not overlooked, are attributed to various causes; so that, in fact, the syphilitic patient with the most perfect faith may easily believe that he is not the subject of syphilis.

3. Syphilis is the more liable to be ignored when the original symptoms are benign and the secondary ones have scarcely existed. A long silence follows this period, which has only been characterized by a more or less ephermal roseola and a few patches in the throat; then, ten or fifteen years afterward, some grave accident supervenes, which leads to the discovery of the diathesis.

4. In women syphilis is the more likely to remain ignored, since all that is possible is done to hide the nature of the disease from them. The husband or lover entreats the surgeon to treat his victim without revealing to her the cause of her malady; and amid this "true conspiracy of silence" she becomes cured of her *syphilis ignoré*.

The practical conclusion is, that there exists a certain number of cases of syphilis, the diagnosis of which must be arrived at exclusively from the character of the lesion under observation, in spite of the silence of their history and the denials of the patients. Whenever the practitioner finds himself in the presence of such a case, in which all antecedent is denied, he should submit the patient to a second and even a third scrupulous examination, comparing the signs present with those which might be furnished by other diseases. But, having convinced himself that the lesion is syphilitic, he should institute its specific treatment in spite of the denial and even the most earnest protests of the patient. The experience of his predecessors and daily clinical teaching establish his right and duty. "The science of the physician," in the words of Ricord, "is above the assertions of the patient." The doctor affirms and the patient denies; but there is infinitely more chance that the former will be found right.—*Med. Times and Gaz.*

Discussion on Alcohol.—British Med. Journal: Dr. Lovegrove, at a late meeting of Kent Medical Society, commenced a discussion on this subject by reading an introductory paper, in which the following points were referred to: 1. The importance of the subject, especially to the medical profession; 2. The very opposite views that are held by the profession as to the merits or demerits of alcohol; 3. The necessity of a thorough and impartial investigation of the actions and uses of alcohol before we abandon it as useless on the one hand, or exalt it as a panacea on the other. In concluding, Dr. Lovegrove made the following remarks: "I think the sudden way in which we were led by a few zealots to rush recklessly from fair and moderate depletion in the treatment of acute disease to the excessive administration of alcohol is a blot on our fame which it will take years to efface; and before I leave the subject allow me to suggest that we should avoid bringing our fame again into jeopardy by thrusting aside an agent which is all-powerful as a medicine when scientifically and cautiously administered."

Starcke on the Use of Chloral-Hydrate Enemata.—London Medical Record: Dr. Starcke, of Berlin, has a paper on the employment of chloral-hydrate enemata in the Berliner Klinische Wochenschrift for August 19th. He observes that there are great prejudices, especially in England, against the continued use of chloral, occasioned, probably, by the not infrequent misadventures occurring in connection with its use in habitual drunkards. Last year Dr. Starcke himself fell ill of a chronic gastric catarrh, with great acidity of the contents of the stomach and considerable emaciation and prostration. The principal and most distressing symptom, however, was persistent insomnia, only half an hour to an hour's sleep being obtained at night. At the suggestion of his colleagues Dr. Starcke resorted to the use of chloral, but the irritable state of the stomach

forbade its use by the mouth, and hence he determined to take it per rectum. An aqueous five per cent solution of chloral was warmed to about 95° F., of which he injected first ten grams, and after a quarter of an hour a further quantity of ten grams, so that in all one gram (fifteen and a half grains) of chloral were thus taken. This was in a few minutes followed by a feeling of warmth, comfort, and repose, and lastly by sound sleep, which lasted uninterruptedly for five hours. In this manner Dr. Starcke continued the injection of chloral for five months, taking in all one hundred and twenty grams of the drug. Decided convalescence set in after almost the very first dose, which was followed every morning by a sense of vigor and a desire for food, without any headache or other discomfort. Nor did the efficacy of the dose of chloral diminish, and latterly even half the quantity, *i. e.* one half gram, was sufficient. Frequently the attempt was made to obtain sleep without resorting to the chloral, but in vain, until within the last month, when Dr. Starcke found he could discontinue it altogether. This employment of chloral per rectum has decided advantages in cases of gastric irritability. Dr. Starcke tried twice to take it by the mouth, and each time it was after a few minutes completely rejected, and no sleep ensued. The absence of all unpleasant results when administered by the rectum is doubtless due to its undergoing no decomposition, as is generally the case when it comes into contact with the contents of the stomach. Of course the drug should be absolutely pure. The sensation of burning and tenesmus which at first follows an injection, may be materially obviated by well oiling the nozzle of syringe. And since the site of the tenesmus is chiefly in the region of the sphincter, contact of the chloral solution with this part of the gut should be avoided by passing the injection pipe as high up as possible. And if the injection is made by oneself, the position on knees and elbows will be found the most convenient. It is also of consequence that the solution should be complete, and that it should be warmed to the temperature of the body; also that the dose required is a moderate and even small one as compared with that usually given by the mouth. Dr. Starcke has subsequently used chloral in the same way in various cases and with the same uniformly safe and favorable results. It seems especially applicable in the case of aged people, and in no case need the dose exceed one gram (fifteen and a half grains).

Post-partum Hemorrhage.—British Medical Journal: Mr. Tyson, F. R. C. S., read a paper before the Kent Medical Society detailing three cases of post-partum hemorrhage, in each of which perchloride of iron was injected into the uterus with good effect. The cases were adherent placenta, hour-glass contraction, and the last mainly one of inertia. In all, ergot, cold external and internal pressure were fairly tried. The strength of the iron solution was one of the strong liquor of the B. P. to ten of water. Stress was laid on the importance of syringing out the uterus for a few days after the labor; mention was likewise made of the good effect of the subcutaneous injection of the liquid extract of ergot, being apparently as useful, although a large quantity was required, as ergotin—the latter remark referring to those cases in which the stomach rejects every thing put into it.

The Urine of the Insane.—British Medical Journal: M. Albert Robin (Société de Biologie, June 24th) had occasion to examine the urine of a madman who died at the hospital Beaujon, and communicates the very interesting results of his researches. The quantity of the urine was diminished to three hundred grams in twenty-four hours; the specific gravity was 1030; the reaction acid, remaining so after exposure to the air for eight days. The amount of solids was twenty-five grams in twenty-four hours, that of the urea only 10.22 grams, but uric acid, on the contrary, was present in large proportions. The chlorides were diminished, the phosphates normal; sugar and albumen were not present. In the sediment, after evaporation, he found crystals of the hippurate of calcium, margaric acid, leucine, and an enormous quantity of uric acid. Many bacteria of a special nature were found on microscopical examination. M. Robin asks whether it might be possible to inoculate madness by means of urine.

Another Invisible Postal-card Ink.—Professor Böttcher has lately recommended a mixture of one part of sulphuric acid with fifty parts of water. The writing is to be done with a quill, and will be, when dry, entirely colorless and invisible; but on heating carefully over a flame, or by laying upon a hot oven, it will appear in deep black characters.

Ortille on the Treatment of Obstinate Hiccough by Pilocarpine.—Dr. Ortille, of Lille (Bull. Général de Thérap., 1878), gives an account of a case of obstinate hiccough, in which, after trying all the usual remedies, he had recourse to electricity. For a few hours the application appeared to prove successful; but the hiccough returned. Remembering what he had read of the action of pilocarpine upon the phrenic nerves and of the vomiting which often follows its use, he injected two fifths of a grain of pilocarpine under the skin. The effect was almost instantaneous. A quarter of an hour after the injection the patient was covered with sweat, salivation was established, and the hiccough had definitely ceased.